

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

Page 1 of 1

STD 262 (REV. 10/92)

CLAIMANT'S NAME Matthew David			SSAN OR EMPLOYEE NUMBER			DEPARTMENT Governor's Office		
POSITION Deputy Chief of Staff			CB/D NUMBER			DIVISION OR BUREAU Communications		
RESIDENCE ADDRESS			HEADQUARTERS ADDRESS State Capitol			TELEPHONE NUMBER		
CITY Sacramento			STATE California			ZIP 95814		

DATE		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	PRIVATE CAR USE MILES AMOUNT		
28-Mar	6am	SMF > LAX						647.70			0.00		647.70
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00	647.70	0.00	0.00	0	0.00	
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												\$647.70	

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required) Last minute flight for private meetings		NORMAL WORK HOURS	
		PRIVATE VEHICLE LICENSE NUMBER	
		MILEAGE RATE CLAIMED 0.445	
		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER 240987	
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and use.		DATE 4/19/10	
CLAIMANT'S SIGNATURE _____		SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT _____	
SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL EXPENSES _____		DATE _____	